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ABSTRACT

Among Latinas, the number of cases of Acquired Immune Deficiency Syndrome (AIDS) is increasing relentlessly. From August 1989 to August 1990, there was a 53 percent increase nationally in cumulative AIDS cases among Latinas. In New York City, AIDS is the leading cause of death among Latinas aged 25-34. The conditions and circumstances that place Latinas at greater risk for Human Immunodeficiency Virus (HIV) infection are poverty, substance abuse, lack of access to primary health care, late or no prenatal care, increase in sexually transmitted diseases, high rates of adolescent pregnancy, and culturally prescribed gender roles and sexual attitudes. Poverty in the Latino community reduces access to quality health care and is conducive to the transmission of HIV. Victims of poverty have already compromised immune systems, they receive disease prevention information too late, they forego treatment of sexually transmitted diseases, and they do not receive adequate treatment for substance abuse. Intravenous drug use is the primary mode of transmission of HIV among Latinas. In addition, Latinos have low rates of condom use due to traditional male attitudes and the reluctance of women to promote condom use. An underlying danger in HIV/AIDS prevention programs targeted to women of reproductive age is the potential for abuses of reproductive rights. Health care providers may overtly, or covertly, promote reproductive decisions (contraception, sterilization, and abortion) that conflict with a woman's religious beliefs and deeply valued procreative needs. Prevention strategies must be comprehensive and address the impacts of class, gender, and political disempowerment; limited access to health care; and high risk of infection. (KS)

LATINAS AND HIV/AIDS

Implications for the 90s

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The Demographics

As we enter the second decade of the AIDS epidemic in the United States, greater attention is being focused on the so-called "changing face of AIDS," the new faces of the epidemic. These references are made in relation to communities of color, intravenous drug users (IVDUs), women, and children, in AIDS literature, in public health circles, and among activists. The reality is that the face of the epidemic has *not* changed. In the case of Latinos, for example, *AIDS is not a new phenomena.* In the Latino community, what is new is the attention from the government, media, research community, and AIDS service establishments.

The Latino community, which represents 8% of the U.S. population, has been disproportionately affected by HIV/AIDS since the early days of the epidemic. Cases of Latinos with AIDS were identified as early as 1982, when they accounted for 14% of the U.S. AIDS cumulative cases.[1] Today, on a national level, they account for 16% of cumulative AIDS cases.[2] In New York City, which alone accounts for 30% of nationally-diagnosed cases of AIDS among Latinos, they presently account for 27% of the cumulative AIDS cases,[3] and it has been projected that they will account for 34% by 1993.[4] Within the Latino community, men account for close to 90% of the cumulative AIDS cases nationwide; 83% in New York City.[2,3]

Although the majority of people with AIDS are males, within this past decade the proportion of cases among women, particularly women of color, has dramatically increased from 3% in 1981 to a projected 10% by 1991.[5] Moreover, the distribution of AIDS cases by race and ethnicity starkly highlights the disproportionate burden borne by women of color. Nationally, women diagnosed with AIDS are overwhelmingly black (52%) and Latina (20%),[2] which sharply contrasts with the fact that they respectively represent 12% and 6% of the U.S. population.[6]

It is important to note that there has been a clear and unrelenting trend of spiraling cases AIDS cases among Latinas: from August 1989 to August 1990, there was a 53% increase on a national level in cumulative cases among Latinas; from October 1989 to October 1990 in New York City, there was an increase of 42%. Cases among Latino men showed increases for the same periods of 40%, nationally, and 30%, in New York City.[2,3]

AIDS is differentially present among the Latino subgroups which represent the total Latino population in the U.S. In a study conducted in 1989 by Selik, Castro, and Pappaioanou, the case incidence of AIDS in heterosexual IVDUs in Puerto Rican-born persons was documented as several times greater than that in other Latin American-born persons. Among persons born in Mexico, Cuba, and other Latin American countries, the proportion of cases in heterosexual IVDUs was 10% or less. Among Puerto Rican-born persons, the proportion of cases ranged from 32% in the south and west, to 52% in the midwest, to 61% in the northeast.[7]

In a study conducted by Barbara Menendez et al from 1981 to 1987, in regard to AIDS mortality among Puerto Ricans and other Latinos in New York City, Puerto Ricans represented the racial/ethnic group most severely affected by the HIV/AIDS epidemic. Cumulative age-adjusted AIDS mortality rates were found to be higher among Puerto Rican-born males (362 per 100,000) when compared with black (267), other Latino (217), and white (182), males. Among Puerto Rican-born females, the mortality rates per 100,000 were significantly higher (59) than other Latina (25) and white (14) females, but reflected a similar pattern to the rates among black females (56).[8]

The differential impact of HIV/AIDS on women of color is further crystallized by a recent study published by the Centers for Disease Control (CDC) on the mortality rates in women of reproductive age in the U.S. The findings of the national study, which examined the mortality of women ages 15 to 44, for the period from 1980 to 1988, indicate that between 1985 to 1988, HIV/AIDS became one of the 10 leading causes of death among women of reproductive age. Comparisons made on race-specific death rates indicate that the rate of death in 1988 as a result of HIV/AIDS in black women, ages 15 to 44, was nine times the rate of white women of the same age.[9]

Unfortunately, although it is a well-known fact that Latinas comprise a disproportionate percentage (20%) of the women diagnosed with AIDS nationally, the study failed to include Latinas in the analysis. Further, in New York City, Latinas represent more than one-third of the cases of women with AIDS, and nearly one-half (48%) of the total U.S. Latina AIDS cases. Finally, *AIDS is the leading cause of death* in New York City *among Latinas ages 25-34.*[10]

The failure to include a disproportionately affected group of women in a major study, which has broad implications for public policy, was clearly an egregious oversight. Nonetheless, the study's findings raise critical

issues and concerns regarding public policy response to women, particularly women of color, those most adversely affected by this monumental health crisis.

The accelerated growth of HIV/AIDS among Latinas is not just a question of numbers. Behind every statistic, there are thousands of women who are finding themselves devastated by the unrelenting course of this disease. Moreover, by virtue of their multiple roles in society — as lovers, wives, mothers, and caregivers — the impact of HIV/AIDS on them has a rippling effect on whole families, and ultimately on entire communities.

Socioeconomic, Cultural, and Political Factors Which Place Latinas At Risk

Given this context, the issues related to HIV/AIDS among Latinas must necessarily be examined within a comprehensive framework. It must be one that accounts for the social, economic, cultural, and political factors that set the stage for, and contribute to, escalating rates of HIV infection and AIDS, and that further compromise survival rates once AIDS has been diagnosed. Strategies intending to stem the spread of HIV/AIDS among Latinas cannot be solely focused on promotion of safer sex and/or risk reduction related to IV drug injection. In addition, prevention approaches must address the economic, social, and environmental factors which impact on the very behaviors that are targeted for change.[11] The conditions and circumstances that place Latinas at greater risk for HIV infection, such as: poverty, substance abuse, lack of access to primary health care, late or no prenatal care, the increase in STDs, high rates of adolescent pregnancy, and culturally-prescribed gender roles and sexual attitudes, are clearly related to the socioeconomic and political disempowerment and disenfranchisement they experience.

Poverty, and the living conditions concomitant with it, set the stage for the poor health status of Latino communities. Their vulnerable position in the face of the HIV/AIDS epidemic is largely due to the fact that they are the poorest ethnic group in the U.S. In 1979, there were 2.9 million poor Latinos living in the United States; by 1987, this figure rose to 5.5 million. In less than 10 years, the ranks of the Latino poor expanded by nearly 90%.[12]

At highest risk for poverty, however, are Latina-headed households, which represent 23% of the total Latino households. Nationally, more than 50% of these households are living below the poverty level; 61%, in New York City.[12] Compounding the problem is the fact that the national fertility rate among Latinas, ages 15 to 44 years, is 42% higher than that of non-Latina women. In a study of the tri-state area of New York, New Jersey, and Connecticut, 38% of single women, with five or more children, were Latinas.[13]

Poverty in the Latino community leads to lack of access to quality health care and is conducive to the transmission of HIV: poor people, with already compromised immune systems, do not receive adequate care; they receive disease prevention information too late; they forego treatment of sexually transmitted diseases (STDs); and they do not receive adequate treatment for substance abuse.[11] The relationship between poverty and the lack of access to quality health care is clearly presented in the following quote from the New York City AIDS Task Force Report:

> ...An increased proportion of the City's population is poor. The economic profile of New York City in 1989 is one in which 25% of all New Yorkers and 40% of New York's children live in poverty. The problem of providing appropriate health care services is exacerbated by poverty. In general, persons living in poverty are more frequently ill. Moreover, they have well-documented difficulty in gaining access to primary health care services due to financial or other obstacles. As a result, they are compelled to rely on the most expensive forms of care-emergency rooms and inpatient hospital services.[14]

Exacerbating the lack of access to quality health care is the fact that Latinos are the ethnic group least likely to have health insurance; approximately 33% lack private insurance or Medicare/Medicaid, as compared to 11% of the general U.S. population.[15] Because of the lack of adequate health insurance, Latinos historically have relied on public hospitals, and their emergency rooms and clinics, for addressing their health care needs. Unfortunately, however, the AIDS epidemic has already overburdened, and threatens to topple this inadequate public health care system. In New York City, for example, 43% of the city's Latinos receive both primary and acute inpatient care in the municipal hospital system,[16] but this system presently is on the verge of collapse due to diminishing resources and ever-increasing demands. Also, all too often, Latinos go to emergency rooms for care only after they have progressed to full-blown AIDS — when the benefits of early interventions are no longer of use to them.

Other Factors That Put Latinas at Risk

Other health and social factors, inextricably tied to their socioeconomic class and gender status, place Latinas at further risk for HIV/AIDS. Among the complex problems associated with rising cases of HIV infection among Latinas are substance abuse; the absence of, or late, prenatal care; adolescent pregnancy; and culturally-prescribed gender roles.

Intravenous Drug Use and Perinatal Transmission. IV drug use presents a significant threat to the Latino community because of its critical role in the transmission of HIV infection. National statistics and New York City surveillance data indicate that IV drug use accounts for 40% and 54%, respectively, of AIDS cases among Latino adults. Among Latinas, IV drug use is the primary mode of transmission (51% nationally, 60% New York City). The threat is even greater when we consider that maternal transmission of HIV in Latino pediatric AIDS cases is overwhelmingly related to IV drug use. Nationally, 53% of maternal transmission cases among Latino children has been attributed to IV drug use by the mother; 31% to maternal sexual contact with an IVDU. In New York City, 78% of perinatally-transmitted cases among Latino children have been related to IV drug use, either directly (58%) or through maternal sexual contact with an IVDU.[17, 18] There is little information available that provides us with a good grasp of the incidence of IV drug use among women in the U.S., let alone among

Latinas. However, the National Institute on Drug Abuse estimates that there are 350,000 to 400,000 IV heroin users in the U.S., and approximately one-third are women.[19] In New York City, it is estimated that there are 200,000 IVDUs, 35,000 of which are in drug treatment; in New York State, Latinos represent 34% of the IVDUs in drug treatment.[20] Women are traditionally underrepresented in drug treatment facilities, and, more importantly, drug treatment programs have not begun to adequately address reproductive health, and the provision of treatment for pregnant addicts or women with children,[21] issues of great importance to women. The inadequacy of the drug treatment system, in respect to women, is now contributing to the rise in HIV infection and AIDS among Latinos, who are disproportionately represented among IVDUs in the nation and in New York City. Prevention strategies that focus solely on reducing the risks to HIV related to injection of drugs and needle-sharing behaviors, but which do not focus on the need for increased treatment slots for women, particularly pregnant women or women with children, will fall short of what is required to address this serious problem.

Prenatal Care. Poor Latinas, as a group, have a higher percentage of late or no prenatal care (40% in New York City). Inadequate prenatal care is a serious health problem. It is associated with low newborn birthweight, high infant mortality, and higher rates of newborns with birth defects. The statistics for subgroups of Latinas, such as Puerto Ricans for example, reflect a very serious health care issue. About 57% of Puerto Rican women begin receiving prenatal care during their first trimester, of pregnancy; 16% do not begin prenatal care until their third trimester as compared with 4% of white non-Latina women; approximately 9% of Puerto Rican newborns have low birth weights, as compared to 5.5% of white newborns; in New York City, Puerto Rican infants are twice as likely to be low birthweight babies as are white infants (10% and 5.5% respectively).[22]

The implications of late or no prenatal care are critical in terms of HIV infection. Given the high incidence of maternal transmission of HIV to children among Latinas, the lack of adequate prenatal care serves to further compromise the health of the mother and the unborn child. HIV infection also may be diagnosed late in the pregnancy, or not at all, and thus delay appropriate and early medical intervention and management for both the mother and the unborn child.

IV drug-injecting women have a high rate of pregnancy and a low utilization rate of prenatal care. The high pregnancy rates are due, in part, to the lack of use of birth control methods; irregular or missing menses due to drug use that leads to the false assumption that pregnancy cannot occur; a tendency to deny pregnancy until it is too late to have an abortion (if this option is chosen); and the inability to obtain an abortion if one is opted for and possible.[23] As previously stated, substance abuse treatment programs have been unresponsive to the needs of pregnant addicts. In April 1990, for example, the American Civil Liberties Union filed a class action suit on behalf of three pregnant women who sought treatment and were turned away from four drug treatment programs in New York City.[21] The lawsuit further highlights the lack of services available to pregnant addicts, who generally lack both drug treatment and prenatal care.

Adolescent Pregnancy. The problem of HIV infection among adolescents has not received enough attention. Although adolescents represent less than 1% of all diagnosed AIDS cases in the U.S.,[17] because of the long incubation period prior to the diagnosis of AIDS, it has been projected that many adolescents who become HIV infected may not be reported until their early twenties.

Latino adolescents account for approximately 18% of the cases of AIDS reported among 13 to 19 year olds. A greater percentage of AIDS cases are found among the 20 to 24-year age group, and within this group, Latinos account for 18% of the cases. The proportion of female AIDS cases among adolescents (25%) is much higher than female cases among adults (10%). Of Latinos, ages 13 to 19, females account for 21% of diagnosed AIDS cases.[17] These statistics are alarming. However, when they are considered within the context of the high rates of adolescent pregnancy among Latinos, they are frightening.

According to the National Survey of Family Growth, births to adolescents account for 17% of the births to Latinas, with rates highest among Puerto Rican and Mexican American teens. A study of contraceptive and sexual practices, conducted by The Alan Guttmacher Institute, found that 50% of Latinas, between the ages of 15 to 19, had sexual intercourse before the age of 16. Although 68% of Latina adolescents used contraception, only 23% used contraception at first intercourse, a practice which could place them at high risk for HIV infection, particularly when one considers the low rate of condom utilization among Latino youth.[24]

Sexually Transmitted Disease. The increase in STDs is also associated with greater risk for HIV infection. In the past several years, there have been dramatic increases in the rates of primary and secondary syphilis reported in the United States. In 1987, for example, there was a 25% increase in cases of primary and secondary syphilis reported over the 1986 cases. Among Latinas, the rates increased from 17.8 to 22 per 100,000 persons in a single year.[25]

Culturally-Prescribed Gender Roles and Condom Use

Another factor which is important to consider in understanding the high risk of HIV infection among Latina women, is the impact of culturally-prescribed gender roles. Authors such as Marin and Acuña-Lillo have pointed to the double standards for sexual behavior prevalent in traditional Latino cultures. Sexuality is viewed as private and personal, and discussions of sexual matters are considered taboo. Many Latina women are socialized without a clear understanding of their sexuality, and are not knowledgeable about their bodies and sexual responses. Their sexual roles are often viewed within the context of procreation and giving pleasure to their male partners. Moreoever, in traditional Latino culture, a "good woman" is not expected to be knowledgeable about sexuality, nor is she expected to

raise topics such as condom use. Men, on the other hand, are expected to be knowledgeable about sexuality and to initiate sexual contact at an early age. While the ideal woman is expected to be chaste and sexually faithful to her mate, men are allowed to have sexual intercourse outside of the marriage.[26,27]

> *"Single-sided strategies, which focus on the promotion of prevention and risk reduction, may be ineffective if women are not provided with the means and real options to introduce such behavioral changes into their lives. Empowerment of women must therefore become a key element of risk reduction."*

Condoms have been traditionally viewed by Latinos as a method of birth control or as a means of preventing infection with STDs with women outside of the marriage or a stable relationship. Many Latino men associate condoms with prostitutes and, as such, respond negatively to their introduction into their sexual relationship by a wife or a lover. Given the strong emphasis on procreation within Latino culture, and the prohibition of contraceptive use by the Catholic Church, one would assume that Latinos would be less likely to use contraception than other groups. But, according to Marin, Latinos are as likely as non-Latinos to be users of birth control, but they are less likely to use condoms. The 1986 National Center for Health Statistics report indicated that there was 14% utilization of condoms among married Latinas, as compared to 25% utilization among non-Latina married women.[28]

The implications of lower utilization of condoms among Latinos is a critical issue when viewed within the context of prevention and risk-reduction strategies for women that promote condoms as a barrier to HIV infection. Many prevention campaigns have focused their messages on women, appealing to them to use condoms and to negotiate condom use with their male sexual partners. In placing the onus on woman for risk reduction, such strategies have shown little recognition of the subordinate position of many women who are economically and emotionally dependent on their male sexual partners. They have failed to recognize that, for women who are in subordinate relationships with their sexual partners, negotiation of safer sex is not an option. If a woman is economically and/or emotionally dependent on her male sexual partner, she will be hard-pressed to insist on condom use when her partner is not in agreement. In fact, women have often been subjected to verbal and physical abuse in these situations, and they have had to comply with their partner's demands for unprotected, penetrative sexual intercourse in order to avoid further abuse or the loss of their partner's economic and/or emotional support. Traditionally-socialized women also may be reluctant to introduce condoms into their stable relationships with their male partners, for fear that they will be suspected of infidelity or viewed as promiscuous. The association of condoms with contraception also may raise a direct conflict for women who have strong desires to fulfill their procreative roles or who are pressured to do so by their sexual partners and families.

In her discussion of the promotion of condom use among Latinos as an HIV/AIDS prevention strategy, Marin recommends that campaigns be targeted to heterosexual men rather than women. Considering that the Latino cultural dimension of machismo (particularly male dominance and double sexual standards) has been viewed primarily as a barrier to HIV/AIDS prevention, Marin suggests that an appeal could be made to the more positive dimensions of machismo which emphasize the male's responsibility for the protection of the family. Messages, which frame HIV/AIDS as a threat to the family and therefore promote condom use by the male — as a demonstration of his concern and an enactment of his role as "protector" — may prove to be a more effective preventive approach.[29]

Single-sided strategies, which focus on the promotion of prevention and risk reduction, may be ineffective if women are not provided with the means and real options to introduce such behavioral changes into their lives. Empowerment of women must therefore become a key element of risk reduction. In addition, strategies to promote condom use among Latinos must be developed within the context of an understanding of the variations of sexual-role traditionalism and assertiveness among Latinas. In a study of the effects of acculturation on sexual-role traditionalism and assertiveness among Puerto Rican women living in the U.S., Soto found that a person's generation (first versus second), and education, is significantly related to sexual-role traditionalism. Specifically, second-generation women, and better-educated women, are less gender-role traditional. Gender-role traditionalism is also associated with assertiveness. The more gender-role traditional the woman, the more difficult it is for her to initiate behavior, to express opinions, and to assert herself in public and in private with friends and intimates.[30] The findings of this study are useful when planning prevention or education strategies that take into account the differential levels of sexual-role traditionalism and assertiveness among Latinas, and their levels of acculturation and education. The findings also challenge the widely held notion that all Latinas are passive and nonassertive in their interactions with others — particularly men — and therefore are unable to assume an active role in practicing safer sex.

The Issue of Reproductive Rights

One of the major concerns that arises, regarding HIV infection and AIDS among women, is the potential for abuses of reproductive rights. Amaro, in her article on these issues highlights the major areas of concern:

> HIV infection and AIDS is fertile soil for encroachment on the reproductive rights of women in general. The entrenchment of the rights of women has been facilitated by the public's fear of AIDS, the stigma associated with the illness, and by the fact that AIDS is a public health problem that affects women who are disenfranchised, not only because of their sex but also because of their social class, ethnicity, and addiction."[31]

Chavkin, in her analysis of HIV/AIDS prevention and reproductive rights, points out that government-sponsored HIV/AIDS prevention programs, targeted to women in their reproductive years, focus on the vertical transmission of HIV infection from mother to fetus, and give little attention to the health care needs of the woman as a person. The focus on testing women in family planning and prenatal care clinics is based on a rationale that identifying seropositive women will provide public heath providers with an opportunity to offer early interventions, and to avoid future pregnancies. And, if the woman is pregnant, it would also offer the opportunity to provide comprehensive medical care and to initiate early therapeutic interventions with future children.

An underlying danger in these approaches, however, is that health care providers may overtly, or covertly, promote reproductive decisions (contraception, sterilization, and abortion), that conflict with a woman's religious beliefs and deeply valued procreative needs, in the spirit of preventing vertical transmission of HIV infection to children.[32] It is important that prevention strategies and approaches be carefully evaluated to ensure that women's reproductive choices are safeguarded, and that they are not consciously or unconsciously coerced to make choices that are in direct conflict with their needs, values, and beliefs. This is a critical issue for Latinas, given the long documented history of the violation of their reproductive choices and rights where there have been major efforts to control population growth, as in Puerto Rico and other third world nations.[33]

Conclusion

The challenges for prevention of HIV infection and AIDS in the second decade of the epidemic raise a variety of social, economic, political, cultural, and civil rights issues.

The AIDS epidemic among Latinas must be viewed and responded to within a comprehensive framework, that takes into account the social, economic, cultural, and political factors that contribute to increasing rates of HIV infection and AIDS. Preventive strategies must address the impact of socioeconomic class, gender, and political disempowerment and disenfranchisement, access to health care, and the high risk of infection. Strategies that do not take into account the socioeconomic and political realities that Latinas must confront on a daily basis will fall short in preventing HIV infection and in stemming the epidemic.

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